

RENEWAL BUSINESS LICENSE APPLICATION

Type of Business: _____

Will you be operating more than one type of business? (ie: food premises and catering)

If yes please list: 1) _____ 2) _____ 3) _____

A. BUSINESS AND APPLICANT INFORMATION

Business Name: _____

Business Address: _____

City: _____ Province: _____ Postal Code _____

Phone: _____

Business Owner: _____

Home Address: _____

City: _____ Province: _____ Postal Code _____

Phone: _____

Partners: _____

B. GENERAL APPLICATION REQUIREMENTS

You are required to submit any or all of the below with this application

Do you have the following? Please indicate yes or no.

Valid Public Liability Insurance: Yes _____ No _____

I certify that the information is accurate and complete and understand that any false or incomplete information may invalidate my application and any permission, approval or permit I have been granted.

Incomplete application forms will not be accepted.

Signature: _____ Date: _____

Personal information contained on this application is collected pursuant to the Municipal Act, S.O., 2001, C25 Section 150-162 and the city of Cambridge business licensing by-law and will be used for the purpose of issuing business Licenses. Questions about this collection should be directed to the Business Licensing Compliance Officer, 50 Dickson Street, second floor, Cambridge, Ontario, N1R 5W8 or phone 519-740-4680, ext. 4581.